

Dean's Newsletter

December 12, 2005

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Where Are We?

The adage that it is sometimes easy to lose sight of the forest for the trees has particular relevance when institutions are changing on multiple fronts simultaneously. Certainly that is true of the School of Medicine. Four years ago, in January 2002, we launched our multifaceted strategic plan entitled “*Translating Discoveries*.” As many of you will recall, the plan was purposefully broad and included our missions in education, research and patient care as well as the mechanisms by which we could support and enhance them. So where are we now – and how do all the moving parts fit together? And, of course, what does this all mean for individual faculty members, students and staff?

Over these past four years we have initiated a New Curriculum for Medical Student Education, made changes and refinements in Graduate Education (including the Masters in Medicine Program highlighted below) and have begun to focus on resident and postdoctoral training. Each of these changes is aimed at enhancing the importance of scholarship, research and leadership in our students and trainees and in graduating students and postdocs who are more likely than in previous years to seek roles in academia. While a number of significant changes have been made, our education programs remain very much a work in progress. Additional developments as well as the fruits of programs already initiated will be better defined during the next several years. Hopefully our efforts will be measured by increased numbers of students pursuing research and scholarship.

At Stanford we are most fortunate in having outstanding basic research programs. Certainly sustaining and enhancing this essential component of our School are central to our future success as an academic medical center and university. At the same time we have put considerable effort into seeking ways of bringing knowledge from the research laboratory to the patient. These efforts include funding translational research pilot programs in conjunction with the Beckman Center, developing such underpinning

programs as our new joint department of Bioengineering and related programs in BioX, and developing our Stanford Institutes of Medicine and the Stanford Comprehensive Cancer Center. Each of these programs has been designed to bring together communities of basic and clinical scientists from the medical school – and from throughout the university – to address new problems and opportunities, especially when they could have an impact on human health.

As might be expected at this point in their gestation, each institute is developing on its own trajectory, which includes creating new intersections with departments, other institutes and other schools. While they are best viewed as still being in an early stage of development, it is clear to me that progress is being made – although much work remains to be done. That said, the Institute for Stem Cell Biology and Regenerative Medicine has made some excellent recruitments in conjunction with clinical and basic science departments. It has also developed an outstanding training program that will surely be funded by the California Institute of Regenerative Medicine as soon as the legal hurdles impeding bond issuance are resolved (which will likely happen over the next 6-8 months). Equally important, the leadership of the Stanford Comprehensive Cancer Center has made tremendous progress and will be submitting their proposal to the NCI in February – a monumental achievement in its own right.

In addition to our institutes we are making progress with our integrating Strategic Centers in Genomics and Human Genetics, Imaging, and Informatics and envision further progress in the early part of 2006. Together with the underpinning programs in Bioengineering, BioX and BioDesign, an integrated matrix to shape our research agenda for the next decade is emerging. While at the end of the day it is faculty – working alone or in teams – who are ultimately responsible for the research agenda, it seems clear that having overarching themes will best enable us to align our efforts and in particular to be competitive for NIH funding. This funding is surely going to be more restricted and proscribed as funding is constrained and as both politics and, most likely, the NIH reauthorization direct additional research dollars into more applied funding – which thankfully includes translational research.

To further prepare for our efforts in translational research, the School and clinical departments – as well as Stanford Hospital & Clinics (SHC) and the Lucile Packard Children's Hospital (LPCH) – have been working on the infrastructure to support a more expanded effort in clinical and translational research. The recent launch of SPCTRM (Stanford/Packard Center for Translational Medicine) and supporting databases will help with this effort. So too will our efforts in developing the Stanford Comprehensive Cancer Center and its related cores, along with other core support services centers. Hopefully these programs will be even further enhanced when we are successful in receiving funding for our proposed Center for Translational Research. In addition, Stanford's very successful General Clinical Research Center (GCRC) program adds further substance to these efforts; we hope to extend these through an application in 2006 for an NIH-supported Clinical and Translational Science Award (CTSA). Taken together these and related programs should help to further enable our faculty and students to conduct cutting edge clinical and translational research.

We have also spent considerable time linking our education and research programs to patient care activities, innovations and improvements at SHC and LPCH. Our major strength lies in bringing innovative therapies, based on research, to clinical programs. Accordingly, both SHC and LPCH have developed clinical strategic centers that are aligned with our Stanford Institutes of Medicine and the Comprehensive Cancer Center. This is permitting us to define and delineate areas of need and development and has played a major role in faculty recruitments during the past four years. And, without question, clinical faculty performance has played a dominant role in helping both SHC and LPCH to become financially successful. We are furthering these alignments and integration between the School and Hospitals by coordinated planning around our key initiatives as well as by the financial support that is provided or shared, as is the case with the new “funds flow model” with SHC that went into effect this past September.

Another critical component of our future success is enhancing leadership. We have been fortunate in recruiting some outstanding clinical chairs – and faculty - during the past several years including Drs. Rob Jackler (Head & Neck Surgery – Otolaryngology), Bill Maloney (Orthopedics), Frank Longo (who joins Stanford as chair of Neurology in January 2006), and Jonathan Berek (who will become chair of Obstetrics/Gynecology also in January 2006). We also have searches underway for the next chairs of Medicine and Pediatrics and hope to fill these critically important positions in the first quarter of 2006. These new clinical leaders, in conjunction with our already existing group of clinical chairs, are making a major difference in improving patient care and in the effectiveness of the interface of patient care with research and training.

A key to the success of our programs is not only defining their direction and the ways of enhancing and integrating them, but also supporting them through program development as well as administrative and financial support. Accordingly, we have redone the funds flow formulas that define the “Operating Budget” within the School and the “funds flow model” between SHC and the School, to better align and support key programs. We have also redone the funds flow model with the University and are now in the midst of assessing our financial forecast during the next decade so that we can do everything possible to optimally support our programs in a manner most consonant with our strategic directions in education, research and patient care.

Perhaps one of the most important supports that we need going forward is new and additional space for education, research and patient care. Accordingly the School as well as SHC and LPCH have worked individually on long-term facilities plans (over a 20 year horizon) as well as collectively on a medical center wide integrated facilities plan. These efforts have helped define each of our needs and priorities, how one relates to another, and how we will support them financially as well as operationally, tactically and politically. As you know we are now in the midst of architect competition for the Learning and Knowledge Center (LKC) and expect to choose the winner in January – with the hope and goal of ground breaking in 2007 and completion of this facility in 2009. We are also doing program planning for the Stanford Institutes of Medicine Building #1 which will house faculty in the Comprehensive Cancer Center, Institute for

Stem Cell Biology and Regenerative Medicine and the Neuroscience Institute. All of these faculty will also have departmental appointments and thus will enhance both departmental and institute development. In tandem with our master facilities plan on the campus we have also leased space off-site and are in the midst of exploring additional lease space to support departmental research programs during the next decade. Given our current space shortages, these explorations are critical to our short and long-term success.

Another key area of support that will surely define our future is the use of information technology and its role in education, knowledge management, research – including clinical research – and of course, patient care. This is a rapidly moving and expensive area and our investments require orchestration and integration. Here too we have attempted to facilitate this through senior leadership within the school and departments – as well as at the hospitals and the university.

We are also supporting our program development by better definition of the roles and expectations of faculty. A key component is our strong desire to help make every one of our faculty successful. I am cognizant of how challenging life in academic medicine (as well as medicine in general) has become. While there are some things we cannot change, we certainly want to do all that we can to improve the quality of life of faculty. We are also seeking ways to enhance the diversity of our faculty, staff and students – and have established an office and senior leadership to facilitate this. This is an important issue in its own right and one that will require commitment over many years to come.

Achieving our goals and objectives requires understanding and support by the communities we serve. Accordingly we have put considerable effort into improving our communications and public relations services, including the materials we produce as well as our interface with the local and national media. Given the array of issues and challenges we face there are always going to be some controversial issues– but I think we have made progress in improving the Stanford image. I also believe it is important for us to take responsibility and leadership in speaking out on some of the major issues facing medicine, science and society. And, at the end of the day, we need to be seen as a resource for the community – and as a place that community members can turn to for guidance and information. Building that type of image is also a work in progress.

Having a more clearly defined vision and set of goals has been the foundation of our strategic planning and implementation activities over the past several years. A bold vision surrounding translating discoveries and a plan for achieving this vision through our education programs and research efforts - including the Stanford Institutes of Medicine and their relation to the clinical centers at SHC and LPCH - offer our best hope for obtaining the resources needed to bring these ideas to life and to sustain them. As you know, this is all directed to the capital campaign that we are now initiating. We hope that, in conjunction with partners across the medical center and university, we will be successful in the campaign and, of course, in our ultimate goal of improving health.

Clearly each of these efforts is at a different stage of development and, depending on where one is, it is easy to lose sight of the forest for the trees. It is also easy for any

individual to become frustrated since the plans at hand may not be influencing his or her life or program at the moment. I understand that, and I also recognize that frustration can arise during periods of dynamic change. And of course I also appreciate that change can be uncomfortable for some – depending on one’s personality and relative level of comfort with the status quo. But we cannot be satisfied with the world as it currently exists and must continue to prepare for a world of continued change in which, I hope, we can be leaders. That is where we are now – and obviously we have still a long way to go. I know that I have asked on many occasions to get feedback from you regarding your own assessments and reactions to our current world – and the one we hope to shape. Here I have tried to give you an institutional perspective on where we are (and, to an extent, on where we have come from during the past several years). But I am also eager to learn more about where you are. Let me know.

Striking Out

Beginning at 5 AM this morning, December 12th, the Service Employees International Union (SEIU) Local 715 launched a one-day strike at Stanford Hospital & Clinics and the Lucile Packard Children’s Hospital. The union represents 1,412 out of 8,432 employees at the hospitals. These positions include hospital support employees in jobs such as housekeeping, food service, nursing assistants, and certain technicians. In order to be prepared, both hospitals have been contingency planning to ensure that if any form of work stoppage occurred, both hospitals could continue normal operations. In tandem, SEIU Local 715 University Employees, under a different contract, also went on a one-day strike on December 12th. These include technical, service and maintenance workers, a number of who are employed by the School of Medicine.

The Hospitals have presented a fair and competitive offer to the SEIU for the benefit of their employees represented by the SEIU. The offer is responsive to the needs identified by the SEIU-represented employees and addresses wage increases, health insurance/ retirement/ and educational enhancements and other benefits. Both hospitals have emphasized that they value the contributions made by their SEIU-represented employees to the missions of each organization. They are prepared to return to the bargaining table when the SEIU makes a meaningful written response to the offer that LPCH and SHC put on the table some two weeks ago. Similarly, the University is bargaining in good faith with SEIU and remains convinced that it is among the most progressive employers and that it is committed to helping employees care for their families and prepare for a better future.

Recognizing Our Dedicated Staff

On Tuesday evening, November 29th the Annual Dean’s Staff Recognition Dinner was held in the Faculty Club to honor employees who have been part of the School of Medicine for five or more years. This year we recognized 341 honorees, 61 (17.8%) of who have been members of our Stanford community for 20 or more years. The commitment and dedication of our employees are deeply appreciated. Indeed, without the quality and high-level performance of our wonderful staff, we simply could not achieve excellence as a leading research-intensive School of Medicine. I want to thank this year’s

honorees as well as the other 3,500 members of the medical school for all that they do on our behalf.

As in past years, two exceptional members of our staff were selected by their co-workers to receive the School's Employee of the Year Spirit Award. Robin Brown from the Department of Radiation Oncology and Brenda Lavell from the Department of Medicine (Division of General Internal Medicine) were named the 2005 Spirit Awardees, and I want to offer my special congratulations to them. You can read more about these awardees at <http://news-service.stanford.edu/news/2005/november30/med-spirit-113005.html>.

While thanking each of our employees for the efforts, I think it is appropriate to specifically mention those who have served the School for 20 or more years. Among this group 12 have been employees for 30 or more years and one for 40 years! That is remarkable dedication. These individuals include:

20 Years of Service

Sharon L. Brannaman.	Path/Blood Center
Elizabeth C. Colvin	SOM/SA Dean Med Inf/Learn Tech
Ann N. Davis	SOM/Student Affairs
Karen Denny	FuncRest/Orthopedics
Stephanie R. Edelman	RadOnc/Operations
Maria L. Hernandez	Neurobiology
Diane L. Hill	Path/Blood Center
Teresa E. Hinkle	SOM/Research Mgmt Group
Brooke M. Hollak	Med/Cardiovascular Medicine
Donna Jones	Path/Blood Center
Ann L. McGrath	Peds/Adolescent Medicine
Douglas Randle Menke	RadOnc/Radiation Biology
Barbara Munoz	FuncRest/Orthopedics
John Adam Reuling	Rad/Operations
Judith A Roberts	Ophthalmology
Dawna K Robinson	RadOnc/Radiation Therapy
Evangelina M. Salazar	ObGyn/Operations
Elisabeth Sherman,	Psych/Behavioral Medicine
Grete Sonderstrup	MicroImmun/Operations
Wai Chi Teo	Otolaryngology/Head&Neck Surg
Marilyn L Tinsley	SOM/Lane
Virginia Tse	Anes/Operations
Samson Wu-Shiang Tu	Med/SMI
Margaret Tuggle	Molecular Pharmacology
Roy C Viado	SOM/Lane
Hans M. Warrick	Biochem/Operations
Deryl A. Wicks	Psych/VA & Geriatric

25 Years of Service

Samuel W. Brain	RadOnc/Radiation Physics
Calvan E. Brodbeck	Path/Blood Center
Mary Jo Dorie	RadOnc/Radiation Biology
Donna R. Fullington	SOM/Human Resources Group
Maryse H. Gascard	SOM/Lane
Joanne Halsey	Med/Oncology
Connie Lyn Hartnett	SOM/Research Mgmt Group
Adriana Krauss	Med/SPRC
David M. Kunis	Neurosurgery
Susan Leamons	Peds/Operations
Mae Lim	Neurology
Alice A. Lin	Genetics
Susan C. Molloy	SOM/IRT Operations
Douglas R. Monica	SOM/Student Affairs
Eugenia M. Rocca	SOM/IDP/Cancer Biology
Corrine L. Sanchez	CTSurg/Operations
William L. Scharfenberg	Anes/Operations
Valerie E. Scott	Med/Pulmonary & Critical Care
Karen E. Thompson	Path/Blood Center
Tamaray A. Vayntrub	Path/Blood Center
Blanca Y Vazquez	Med/Medicine Operations
Ruby M. Wong	HRP/Biostatistics

30 Years of Service

Grant E. Hoyt	CTSurg/Operations
Gale L. Lubben	Path/Blood Center
Mary T. McKenna	Orthopedic Surgery/Operations
Cecele C. Quaintance	Peds/Neonatology
Bach-Hong T. Tran	SOM/Research Mgmt Group
Hendrik J Vreman	Peds/Neonatology
Judith G. Washburn	SOM/Lane

35 Years of Service

Virginia Fowkes	SOM/Family & Community Medicine
Timothy F. Gadus	SOM/Facilities Planning & Mgmt
Bernice S. Moos	Psych/VA & Geriatric
Anne Schwarzkopf	Med/Cardiovascular Medicine

40 Years of Service!

Claus Heubner	Biochemistry/Genome Center
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The Respectful Workplace Goes Awry

Unfortunately at the Staff Recognition Dinner described above, an incident occurred which was most surprising and which many in the audience and I found deeply troubling. Because this was such an infraction of the spirit of our respectful workplace – and indeed the very purpose of the event itself - I feel compelled to relay it to you.

One of the members of our faculty, Dr. Jared Tinklenberg, Professor of Psychiatry and Behavioral Sciences at the VA, in lauding the efforts of an honoree, used a phrase and a description about the honoree that was offensive to the audience and me. Statements of this kind made by Stanford faculty (or indeed any leader in our community) are inappropriate at a Stanford sponsored event. I met with Dr. Tinklenberg following the event and informed him of my strong feelings about his actions. He has assured me that he regrets making the statements and that he will not make such statements again. Dr. Tinklenberg is aware that I am making this public statement in the Dean's Newsletter as a reminder of how important I believe it is to have a "respectful workplace."

I should add that immediately after the incident, Dr. Tinklenberg realized he had offended the audience and he apologized to the honoree. Dr. Tinklenberg also sent Cori Bossenberry, Director of Human Resources, and me written apologies for his actions. He apologizes to all who attended and heard his comments – and wishes me to convey that as part of this message.

I believe that comments like those made by Dr. Tinklenberg, even if stated privately between two people, should not occur in the workplace. Often, even if one of the parties says they don't mind, they may have become inured to the longstanding "joke" or simply be resigned to the fact that that is "just the way it is here." As Dean of the Medical School, I am personally committed to a workplace where all are treated with respect and each member of our community feels that the School will afford them a safe and dignified environment in which to work and learn.

If you have any comments or questions, please contact either Cori Bossenberry or me.

Thanking Perry Everett

On Thursday evening December 1st the School held its farewell to honor (really roast) Perry Everett who retires on January 13, 2006 as Controller of the School of Medicine. Perry has been a member of the University community for 29 years and has made consistent and exceptional contributions. As those who know Perry will readily acknowledge, he is a truly unique and multi-talented individual. Despite his characteristic (and much admired) direct style, Perry has many soft sides. He is deeply dedicated to the School and its employees and is a great public citizen, world traveler, multi-linguist, chocolatier, Hawaiian shirt scholar, and much more. I have attended many farewell events in the past few years and while each evokes deep support for the honoree, none was as well attended or as ebullient as Perry's farewell fest. People came from far and wide to bid Perry a fond farewell and express their thanks (and not because they were glad he was leaving) for his tremendous and enduring contributions. Regardless of what position he has held, Perry is hard to replace. We will all miss him – and I want to add my personal thanks for his remarkable dedication and exceptional work and support.

Appointment of Dr. Jim Ferrell as Chair of MCP

I am very pleased to announce that Dr. James Ferrell will be the next Chair of the Department of Molecular Pharmacology, succeeding Dr. Daria Mochly-Rosen, who has been appointed Senior Associate Dean for Research. Jim Ferrell is an MD-PhD graduate of Stanford whose research centers on the signal transduction pathways that trigger *Xenopus* oocyte maturation. His research addresses fundamental issues in understanding fertility and reproduction as well as numerous other biological systems. He and his colleagues are leaders in computational biology. Jim has served as Associate Chair and Interim Chair of the Department and is highly respected by his colleagues in the Department and throughout the School. He is a superb educator – and also a musician (favoring his rock band as a venue). I am very pleased that Jim has accepted this important role and look forward to working with him and his colleagues in the years ahead.

Thanks to Ben Barres for His Leadership in Education

I want to thank Ben Barres, Professor of Neurobiology and of Developmental Biology and of Neurology and Neurological Sciences, for his leadership and tremendous efforts in successfully establishing the new degree of Masters of Science in Medicine that was approved by the Faculty Senate of the Academic Council on December 1st. I also want to acknowledge the support that Dr. Barres received from Dr. Ellen Porzig, Associate Dean for Graduate Education, which enabled the proposal for this new program to be so successfully received. This new program will help train leaders in translational medicine by focusing on students who have already been admitted to an existing PhD program at Stanford. This will be a rigorous two-year program based on existing courses that will more directly expose PhD graduate students to the challenges of clinical medicine – and the importance of translational research. When fully operational the Masters of Science in Medicine program will accommodate 10 students per year, but it will be launched on a smaller level contingent on program funding. This is an exciting new program that complements the recent major revisions in the MD curriculum and that further supports our overarching efforts in “*Translating Discoveries.*” Additional information about this exciting new program is available at: <http://news-service.stanford.edu/news/2005/december7/med-degree-120705.html>.

Update from the Career Center

One of our important initiatives of the past two years was the establishment of the Stanford School of Medicine Career Center under the Directorship of Michael Alvarez. The Center is dedicated to the development of career-related resources and programs for our extended community of biomedical trainees. The goal has been to offer support for well-informed career decision-making that enhances the successful career development of our trainees, including MS, PhD, MD students, Postdoctoral Scholars, Residents and Alumni.

In collaboration with Schools, Departments, and Programs across the University as well as with external partners, the Career Center coordinates seminars and information sessions to raise awareness about the full range of career options and opportunities available to our research and clinical trainees. For example, this fall the Career Center partnered with the Medical Center Alumni Association to host the Neuroscience

Symposium and an Alumni Career Networking Luncheon. The event brought both current and former trainees from research and clinical backgrounds together in a common environment to discuss career interests. It stimulated dialogue among members of various disciplines, helped to dissolve perceived barriers between the groups, and fostered a shared sense of community.

A new resource that was recently launched is the School of Medicine Career Center Job Posting email distribution list. This enables employers to send information about academic, research, clinical, government, non-profit, and consulting position openings directly and exclusively to the Career Center, where they are gathered and packaged for targeted distribution twice monthly to all who subscribe (participation requires Stanford affiliation). Nearly 200 of our trainees have already subscribed for this service and the number of employers and job opportunities grows each week. The Center anticipates that within the next year it will have a robust system with over 300 participating employers and several hundred trainees and alumni.

The Career Center is also pleased to introduce an exciting School of Medicine Career Center initiative just under way - the development of a formal Career Advisory Network (CAN), providing current trainees with more direct access to alumni for information about career pathways they have traveled. Through this web-based system, alumni who decide to participate will be able to connect with one another and/or consult with current students regarding career opportunities, considerations, and experiences. For further information about how to participate in CAN, please contact the Career Center at somcareers@stanford.edu.

For additional information about the Career Center and the resources and materials that are available online, see: <http://med.stanford.edu/careercenter>, or feel to visit the Career Center office in CCSR 4245.

Office of Diversity and Leadership Community Networking Groups

Dr. Hannah Valantine, Senior Associate Dean for Diversity and Leadership, has let me know that, as part of the implementation of the strategic plan for her Office, she is launching a community networking initiative. This initiative is aimed at bringing faculty together in informal settings to exchange information, support one another, and build community. The topics and activities of the networking groups will be determined by the groups themselves, but may include such issues as the challenges of dual career families, single parenting, day care, and other realities of the busy lives that faculty lead.

Faculty interested in discussing these challenges and in meeting other colleagues who have similar interests and dilemmas should contact Barb Miller, Associate Director of Diversity and Leadership at 5-8402 or bemiller@stanford.edu. In your communication, please let her know what issues are most pressing for you and what time of day would be most convenient for you to meet (such as breakfast, lunch, or late afternoon).

I encourage interested faculty to take advantage of this opportunity to come together with other faculty with similar interests and concerns.

Appointments & Promotions

Kwabena Boahen has been appointed to Associate Professor of Bioengineering effective 12/16/05.

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